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Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)							
Filer Identification Number 815	223499	Report Filed B (Mark X)	y Candida	ate	Committee	X	Lobbyist
Name of Filing Committee, Co	andidate or	Frien	os of	Andre	Horto	oW	
Street Address PO. Box	6133		State		Zip Code	т	
	RIE		Julia	Pa	Zip code	16512-60	133
Type of Report (Place x under							
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	· •	st 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	11-07	Year	20:7	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	6-6-201	7 10-2	7-2017		For	Office Use Only	
A. Amount Brought Forward B. Total Monetary Contribution		\$ 4,15	14.17				
(From Schedule I) C. Total Funds Available	ons and receipts	\$ 40	19.00			. ~	3
(Sum of Lines A and B) D. Total Expenditures	·	\$ 170	73.17			VOTER RES	3 3 5
(From Schedule III) E. Ending Cash Balance	<u> </u>	\$ 5	9.13				"
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ans Dosalisad	\$ 2,84	14.04			Ser S	7
(From Schedule II)			0				<u> </u>
G. Unpaid Debts and Obligation (From Schedule IV)	ons ••••	\$	O			STRAY ?	; <u> </u>
(11011) Schedule IV)			Affidavit Se			(**)	-
Part 1- If this is a Committee repo	rt, treasurer sign he	re. If this is a Cand	lidate report, ca	ndidate sign here),	William .	<u> </u>
Sonia Wil		Tonja V Citylot My Commiss ER. PENNSYLV	IMONWEAL	Afora	h Ark e of Pergion Subm	itting report	ete.
Signature My Commission expires MO.	3-19 DAY YR.	Wilt. Notary Put Erje. Erie Coul Ion Expires Apl ANIÁ ASSOCIATI	TH OF PEN	rea Code		e <u>50 - 07 7</u> time Telephone Numb	
Part II- If this is a report of a Candi I swear (or affirm) that to the best amended.	of my knowledge a	ommittee candid nd belief this politi 10 10 10 10 10 10 10 10 10	late shall sign he ical committee I	ere. nas not violated a	ny provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before m	e this		COMMONWE	andre Andresie	gnature of Candid	Horton HORTON	<u></u>
My Commission expires MO.	3-19 day yr.	My Commission Expire The Permits for Expire The Permits YLVANIA ASSO	ALTH OF	(214) rea Code	Printed Name 5 Dayti	<u> 72 –123</u> me Telephone Numbe	<u>O</u> r
,		· · · · · · · · · · · · · · · · · · ·	PENNSY EAL Public				



SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	Q(E)7771160
	013 2234 99

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	7)
		349.00
2. Contributions of \$50.01 to \$250.00 (From	1,* · ·	
Part A and Part B)		per la companya de la companya della companya della companya de la companya della
Contributions Received from Political Committees (Part A)	\$	
] "	to the second se
All Other Contributions (Part B)	\$	
		100.00
Total for the reporting period (2)	\$	100.00
		100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
AHOU A HOUSE		<u> </u>
All Other Contributions (Part D)	\$	
		0
Total for the reporting period (3)	\$	
All controls from an income the control of the cont		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
	L.	
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		449.00
Cover Page, Item B)		779,00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

And the state of t	- And Andrews Control of the Control	522340	<u>e 1</u>		Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				Stre fairing Nev 1 111 A	
City		00-4:-			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
production of the second	7 Sec. 400 - 24 p. 2 - 550 -	Jan A. C.			8
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
				ļķ.	
House #	Street Address		· .	Date [MM/DD/YYYY] \$	<u> </u>
	er under det Granden g	State	Zip Code	Date [MM/DD/YYYY] \$	
				Dare Listin Dry Color 1	Ð
Full Name of Co	ontributing	g 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
		<u> </u>			0
House #	Street Address			Date [MM/DD/YYYY] \$	
					_
City		State	Zip Code	Date [MM/DD/YYYY] \$	<i>O</i>
				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
Full Name of Co	ntributing	1 - 6 - 7 - 7 - 7 - 7 - 7	[48] (28] (18] (18]	Date [MM/DD/YYYY] \$	<u> </u>
Committee				িনি কাৰ্শী শীৰ্ণাকাৰ আনুৰ্বাপাৰ ক∉নাও প্ৰত ১৮ ১৮১১	<u>a</u>
House #	Street Address			Date [MM/DD/YYYY] S	<u> </u>
				<u>・ 日本語の大学社会教授を表示しません。 </u>	
City	Constant Configuration Configuration	State	Testa Audia Co.		0
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee				MA NAMES AND STREET	e e
House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
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City		- Andrew	Della della della della		<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	Secretaria de la companión de	State of the Con-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

0

E>

House #

City

Street Address

State

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	815223499	

Full Name of Contributor	Date [MM/DD/YYYY] \$
ERIE AFL "CIO CO, P. E. FUND	10-17-2017 100.00
Street Addiess	Date [MM/DD/YYYY] \$
STATE S+, State Zip Code	Date [MM/DD/YYYY] \$
EKIE Ja Ziptone 1650	
Full Name of Contributor	Date [MM/DD/YYYY] \$
The same of the sa	
*House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
	<i>546-(111101/55)</i> , (3111)
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/yyyy] 5
	0
Full Name of Contributor	Date [MM/DD/YYYY] \$
	O
House'# Street Address	Date [MM/DD/YYYY] \$
City: State Zip Code	Date [MM/DD/YYYY] # 5
en state zip cone	Date [MM/DD/YYYY] 4 5
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] S
Gity State Zip Code	Date IMM/DD/YYYYI SS
State Zipcode	Date [MM/DD/YYYY] \$5
Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MW/DD/YYYY] / S
Gity State Zip Code	Date [MM/DD/YYYY] \$\$
State SID Code	Date [MM/DD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: 815 223499	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/XYYY] \$

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

State

State

State

State

State

State

Full Name of Contributing Committee

Street Address

Street Address

Street Address

Street Address

Street Address

House #

Full Name of

House#

Contributing Committee

Full Name of Contributing Committee

Full Name of

House #

House #

Contributing Committee

Full Name of Contributing Committee Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

-Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] S

Date [MM/DD/YYYY] - \$

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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer (dentification Number:	1522	3 499		

Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
					ا خ
House #	Street Address			Date [MM/DD/YYYY] \$	
					O
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				2001 2001	Ð
				Occupation	
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
					•
House #	Street Address			Date [MM/DD/YYYY] \$	©
AP.					ð
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				/ Occupation	Ð
Employer Mailing Add	The state of the s				
Principal Place of Busi					
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
				150000	
					₽ ₇ .
House #	Street Address			Date [MM/DD/YYYY] \$	
	Street Address				
	Street Address	State	Zip €ode		0
House #	Street Address	State	Zip Gode	Date [MM/DD/YYYY] \$	0
City Employer Name		State			
	ress//	State		Date [MM/DD/YYYY] \$	
City, Employer Name Employer Mailing Add	ress://	State		Date [MM/DD/YYYY] \$	
City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribu	ress/ ness tor	State		Date [MM/DD/YYYY] \$	D
City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribu	ress://	State		Date [MM/DD/YYYY] \$	
City. Employer Name Employer Mailing Add Principal Place of Busin Full Name of Contribut House #	ress/ ness tor			Date [MM/DD/YYYY] \$ Occupation Date: [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	D
City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribu	ress/ ness tor	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation Date:[MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	D
City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribut House #	ress/ ness tor			Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	D
Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribut House #	ress/ ness tor: Street Address		Zip Code	Date [MM/DD/YYYY] \$ Occupation Date: [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	ბ <i>ბ</i>
City Employer Name Employer Mailing Add Principal Place of Busing III Name of Contributions House #	ress / ness tor. Street Address		Zip Code	Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	ბ <i>ბ</i>

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	815	223499		
Full Name				

Full Name		-	<u></u>		-
House #	Street Address				
City 56	10 Pro-	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description.		50x - 3x95 60x 5899 529 5		1 1992	3I U
Full Name					
House #	Street Address				
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
Full Name					
	Street Address				
Citý	Street Address	State	Zip	Date [MM/DD/YYYY] \$	
			Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name				-	
	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Receipt Description				1900,99	
Full Name					
	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	9
Receipt Description				L	
Full Name					
House #	Street Address				
	9	State	Zip Code	Date [MM/DD/YYYY] \$	Ø
Receipt Description	TO THE STATE OF TH	Brangers systems (2002)	2020.02 = 956.02 (950.02)		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

TOTAL for the reporting period (1) \$ C 2. IN-KIND GONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PARTIE) TOTAL for the reporting period (2) \$	
TOTAL for the reporting period (2) \$	
	O
3. IN KIND GONTRIBUTION RECEIVED VALUE OVER \$250:00 (FROM PART G)	
OTAL for the reporting period (3) \$	\mathcal{O}



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 815223499			
	Filer Identification Number:	815223499	

Full Name of Contribu	erandrings.				_
rum vame or conting	101			Date [MM/DD/YYYY] \$	
A STATE OF THE STA					٥
House #	Street Address			Date [MM/DD/YYYY] \$	
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Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
	AN OF ENGINEERING PROPERTY OF STREET				X
Description of Contrib	oution				· ·
Full Name of Contribu	ıtör			Date [MM/DD/YYYY] \$	
					<i>6</i>
House #	Street Address			Date [MM/DD/YYYY] \$	O
City.		State	Zip Code ···	Date [MM/DD/YYYY] \$	
					- \2
Description of Contrib	oution		40 G 100 G 1		8
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
				Date [MM/DD/YYYY] \$	
House#	Street Address				
nouse #	Street Address			Date [MM/DD/YYYY] \$	
Gity			**************************************		0
		State	Zip Code	Date [MM/DD/YYYY] S	ò
Description of Contrib	ution		Proceedings and the		
					_
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
A74					6
House #	Street Address			Date [MM/DD/YYYY] \$	
				131	Ð
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution				<u>O</u>
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
					Ø
House #	Street Address			Date [MM/DD/YYYY] \$	
					<i>©</i>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	The second section is a second section of the second section of the second section of the second section section section sections.			Date [MM/DD/YYYY] \$	<u> </u>
Description of Contrib	ution				
	70 70 70				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	n Number:	815223	1499	· · · · · · · · · · · · · · · · · · ·	 	
	7. 4. 3. S. C. C. C. F. C.	81 9 (2945)				

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity (0
	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation ©
Employer Mailing Address / Principal		Description
Place of Business		of
Full Name of Contributor		Contribution Date [MM/DD/YYYY] \$ \$
		vate (min/pb/ssv1) 3
House # Street Address		Date [MM/DD/YYYY] \$
in the state of th		
City	State Zip Code	Date [MM/DD/YYYY]: \$
		ව
EmployerName		Occupation
Employer Mailing Address / Principal Place of Business		Description
Frace of business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] S
20 (1966) - 10 (1966)		
House:# Street Address		Date [MM/DD/YYYY] \$
City's	State Zip Code	0
- U	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of ·
Full Name of Contributor		Contribution
i di wane di continuo.		Date [MW/DD/YYYY] \$
House # Street Address		Date MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
		0
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description
I IGCC OI DUSITIOSS		of Contribution

Statement of Expenditures

815223499

Filer Identification Number:

To Whom Paid	Date [MM/DD/YYYY] S
House # ac Street Address Did Charter School	06-23-2017 300.00
2501 Plum St.	Description of Expenditure
City ERIE State Pci Code 1650Q	RETUrned their check
To Whom Pajd	Date [MM/DD/YYYY] \$
Greater Community Action Center	09-12-2017 100.00
House # 18 Street Address W. 9th	Description of Expenditure
City ERIE State Pa Zip Gode 16501	DIWNER TICKETS
To Whom Paid	Date [MM/DD/YYYY] \$
CASS A Johnson House # 0 - Street Address = 0 + 16 0 1	09/12/2017 200.00
1248 E.36 C. St.	Description of Expenditure
City EKIE State Pa Zip Code 16504	REIMBURSEN'S For purchase OF 8 645 Cards.
To:Whom Paid Audre HorTon	Date [MM/DD/YYYY] \$ /25,00
House # 3(8 Street Address REED	Description of Expenditure
Miles Linear Miles III	reimbursement For
Code	Paid CANUASSEVS
To Whom Paid	
Silvery O Torms	Date [MM/DD/YYYY] \$
Synargy Business Forms	10-20-2017 509.00
Synorgy Business Forms House # 3802 Street Address W. Lake Rd	
City Code 16505	10-20-2017 509.00
ToWhom Paid 2	Description of Expenditure Forms / Fliers. Date:[MM/DD/YYYY] 5
Township American 10000	10 - 20 - 2017 509.00 Description of Expenditure Forms Fliers - Date [MM/DD/YYYY] 5 10 - 20 - 2017 100.00
To:Whom Paid American Legion House # 260 Street Address = 3rd	Description of Expenditure Forms / Fliers. Date:[MM/DD/YYYY] 5
Townse# 260 Street Address = 3rd City ERIE State Pa Code 16507	10 - 20 - 2017 509.00 Description of Expenditure Forms Fliers - Date [MM/DD/YYYY] 5 10 - 20 - 2017 100.00
City ERIE State Procede 16505 To:Whom Paid American Legion City ERIE State Procede 16507 To:Whom Paid American Legion City ERIE State Procede 16507	Description of Expenditure Forms / Fliers. Date [MM/DD/YYYY] 5 100.00 Description of Expenditure Dotation of Expenditure Dotation of Expenditure
City ERIE State Procede 16505 To Whom Paid House # 260 Street Address E 3rd City ERIE State Procede 16507 To Whom Paid Auche House # House # Code 16507	Description of Expenditure Forms / Fliers. Date: [MM/DD/YYYY] \$ 10 - 20 - 20 7 55,000 Date: [MM/DD/YYYY] \$ 55,000
City ERIE State Procede 16505 To:Whom Paid American Legion House # 260 Street Address E 3rd City ERIE State Procede 16507 To:Whom Paid Audre House # 318 Street Address REED	Description of Expenditure Forms / Fliers. Date [MM/DD/YYYY] 5 100.00 Description of Expenditure Dotation of Expenditure Dotation of Expenditure
City ERIE State Procede 16505 To Whom Paid House # 260 Street Address E 3rd City ERIE State Procede 16507 To Whom Paid Auche House # House # Code 16507	Description of Expenditure Forms / Fliers. Date [MM/DD/YYYY] \$ 100.00 Description of Expenditure Date [MM/DD/YYYY] \$ 55.00 Description of Expenditure Teimbursement For beet
Gity Paid American Legien House # 260 Street Address = 3rd City ExiE State Pa Code 16507 To Whom Paid Audre House # 318 Street Address REED City ExiE State Pa Code 16507	Description of Expenditure Forms / Fliers. Date [MM/DD/YYYY] 5 100,00 Description of Expenditure Douth & LS Date [MM/DD/YYYY] 5 55,00 Description of Expenditure Feimbursement For beet Tickets - Dinner Ball of Date [MM/DD/YYYY] 5 53,00
Gity Paid American Legier House # 260 Street Address E 3rd City Err State Pa Zip Code 16507 To Whom Paid Audre House # 318 Street Address REED City Err State Pa Zip Code To Whom Paid Code Code To Whom Paid Cass Johnson	Description of Expenditure Forms / Fliers. Date [MM/DD/YYYY] \$ 100.00 Description of Expenditure Date [MM/DD/YYYY] \$ 55.00 Description of Expenditure Permbursement For been tickets — Dinner BAI of
Gity Paid American Legier House # 260 Street Address E 3rd City Err State Pa Zip Code 16507 To Whom Paid Audre House # 318 Street Address REED City Err State Pa Zip Code 16507 House # 318 Street Address REED City Err State Pa Zip Code To Whom Paid Cuss Johnson House # 1248 Street Address E 34	Description of Expenditure Forms / Fliers. Date: [MM/DD/YYYY] \$ 10-20-2017 100.00 Description of Expenditure Date: [MM/DD/YYYY] \$ 55.00 Description of Expenditure Feimbursement For beet Tickets - Dinner Ball of Date: [MM/DD/YYYY] \$ 10-20.2017 200.00

Statement of Expenditures

Filer Identification Number:	~ 03			 	·
	(2):	_			
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A STATE OF THE STA	01.7	4431	19		

To Whom Paid	<u> </u>			
	P.		- 0	Date [MM/DD/YYYY] \$
House #		E.38+h	7,726	Description of Expenditure
1713	3	E,38+1		Description of Expenditure
City ER		State Pa	Zip	
	16	- fa	Code /65/0	Pizza For Fundraiser
To Whom Paid	D. 11.	<i>(</i>)		Date [MM/DD/YYYY] \$
House#	Stroot Address	Geneval_		10 - 25 - 2017 28 . 99 Description of Expenditure
House# #785 City	Juleat Address	Ziminar mo	in Road	Description of expenditure
City	? IE	General Zimmer me State Pa	Zip "T.CO	
To Whom Paid		f C1	Code 16510	supplies for Fund Raisor
				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
			<u></u>	
City		State	Zip Code	
To Whom Paid			Code	Date [MM/DD/YYYY] \$
				vale (MIM/OD/L1111)
House #	Street Address			Description of Expenditure
City		Service of	D-±	
City	•	State	Zip Code	
To Whom Paid		Estantination		Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure
City	1000	State	Zip	
		June	Code	
To Whom Paid		Asserted visits	No. 10 (2007) 20 (1007) (1007)	Date [MM/DD/YYYY] \$
1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House #	Street Address			Description of Expenditure
City	15.4000000000000000000000000000000000000	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	2405024519452 eps4			
nouse #	Street Address			Description of Expenditure
City	Particular Reservers and a second	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		Co. 200 1	Long to 1800	
		State	Zip Code	
		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Lagrangia (Caranta)	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

** X - Late ** North To Standard State of August Au		
Filer identification Number		
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